

Name  
in  
Full

Albert Atkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Roundsville* Town *Crail* County

Date of death 1904 Month 12 Day 16 Age 50

Months Days

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Henry Atkins*

Father's Birthplace *Maryland*

Mother's Maiden Name *Grace Proberry*

Mother's Birthplace *Maryland*

Name of person giving Information *Herman S. Atkins*

How related to deceased *Brother*

CAUSES OF DEATH

176

Primary *Concussion of Brain*

How long *4 days*

Immediate *Shock*

How long

Are the name, age, sex, color, date and place correctly given above?

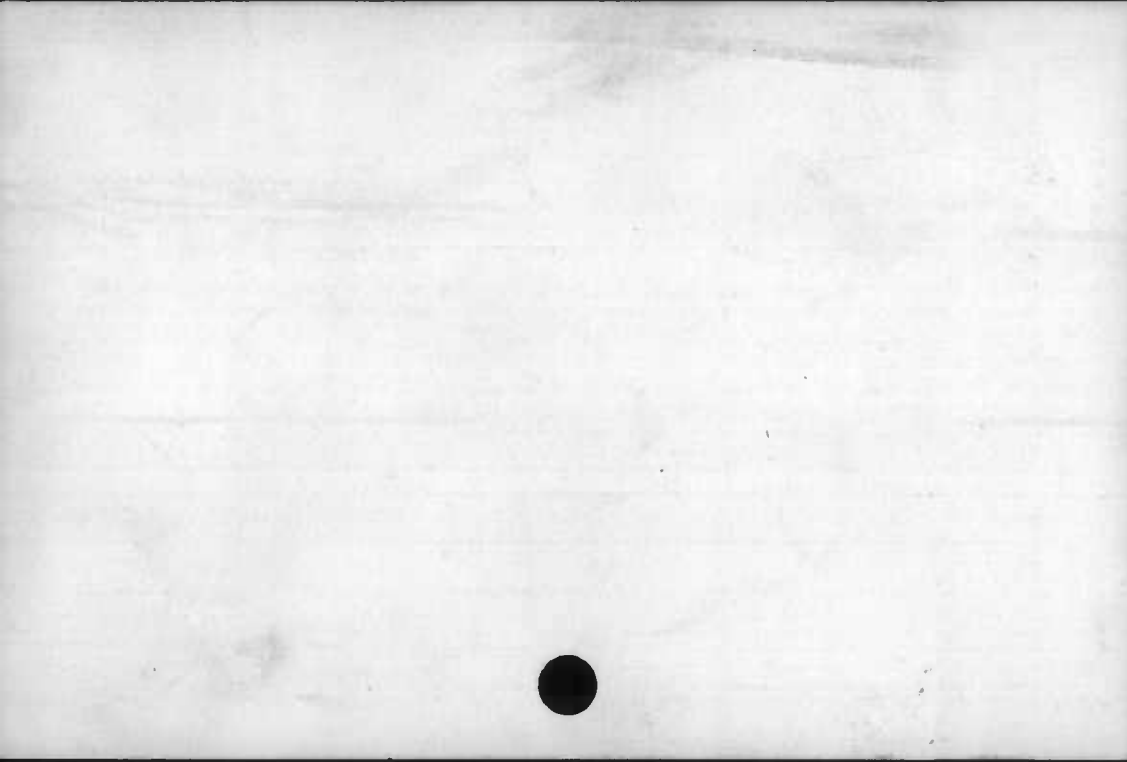
Signature of Physician *J. Bruce Frazer* Coroner

PHYSICIAN  
OR CORONER

Accident or Suicide *Murdered*



Name in Full		Cora Alexander				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cecil Paper Mills		County Cecil		
				MAYLAND				
		Date of death		Month Dec	Day 11	Age Years 78	Months 10	Days 28
		Sex Female		Color or Race White		Birth- place Cecil Co Md		
		Occupation Housewife		Where Residing if not at place of death				
		Married, Single or Widowed Married		Name of Wife or Husband Clarence Alexander				
		Father's Name Walter Riley				Father's Birthplace Penn		
		Mother's Maiden Name Ella Hanna				Mother's Birthplace Maryland		
		Name of person giving Information Clarence Alexander				How related to deceased husband		
		<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">27</div>						
PHYSICIAN OR CORONER		Primary Consumption of lungs Exhaustion				How long one year		
		Immediate Exhaustion				How long three months		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician John J. Jones		
						Address Residence		
		Accident or Suicide?						



Name  
in  
Full

Hibbard M Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Principio Furnace

County Cecil

Date

of death 1909

Month

12

Day

28

Age

73

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pennsylvania

Occupation

Carpenter

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Anderson

Father's  
Name

John Anderson

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Martha Fulton

Mother's  
Birthplace

"

Name of person giving  
Information

Mary Anderson

How related  
to deceased

Wife

CAUSES OF DEATH

79

Primary

Heart disease

How long

9 m

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

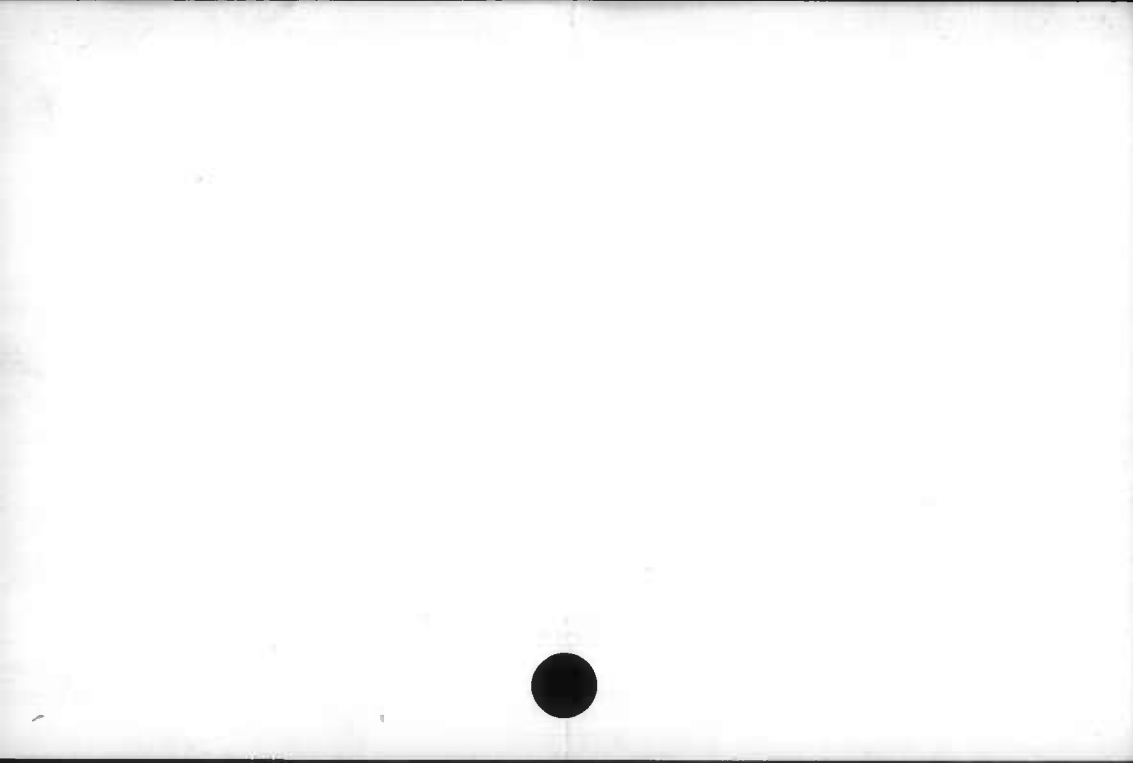
W. E. M. Stump

Address

Prinville M.D.

Accident or Suicida

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Harriet A Barnett*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Port Harcourt* Town *Port Harcourt* County *Bayelsa* **MARYLAND**

Date of death *1909* Month *July* Day *26* Age *72* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Sierra Leone*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband \_\_\_\_\_

Father's Name *Isaac Kromah* Father's Birthplace *Sierra Leone*

Mother's Maiden Name *Isabella Lockington* Mother's Birthplace *Sierra Leone*

Name of person giving Information *Mary Jane O. Rich* How related to deceased *Daughter*

CAUSES OF DEATH

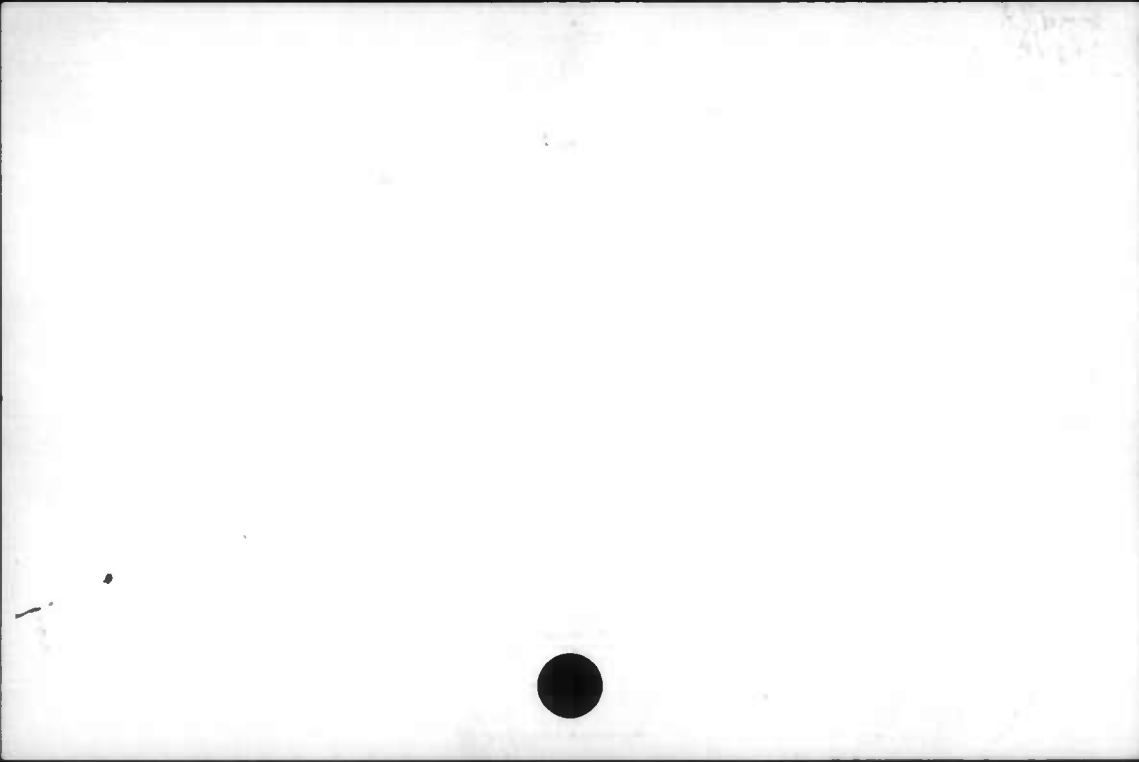
Primary *Bronchitis* How long *90* *Weeks*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. H. Fisher*

Accident or Suicide *No* Address *Port Harcourt, Ind.*

PHYSICIAN  
OR CORONER





Name  
in  
Full

George Biddle

## CERTIFICATE OF DEATH

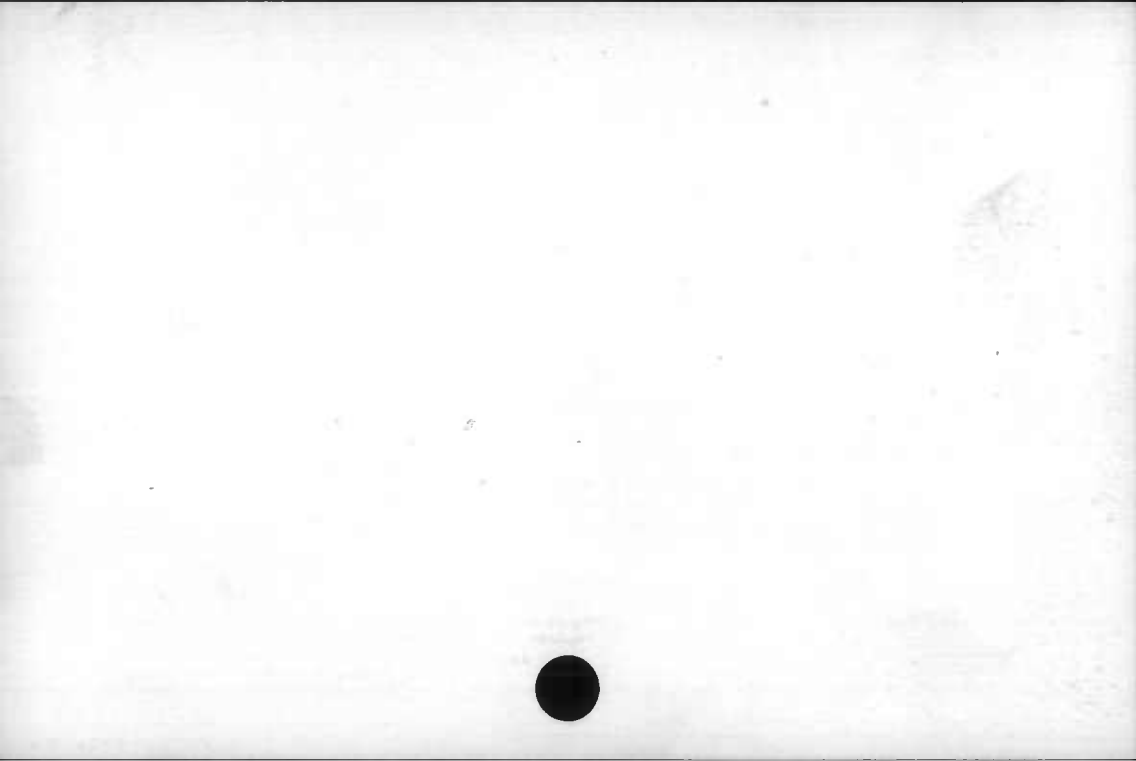
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Eleton		County Cecil		MARYLAND	
Date of death		1909	Month 12	Day 14	Age 73	Years	Months Days
Sex	Male	Color or Race	White	Birth- place	Md		
Occupation	County Superintendent of Schools			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Biddle		
Father's Name	George Biddle				Father's Birthplace	Md	
Mother's Maiden Name	Francis Ann Perkins				Mother's Birthplace	Pa	
Name of person giving Information	Bathorne Reed				How related to deceased	Niece	

## CAUSES OF DEATH

Primary	Myocarditis	How long	4 years
Immediate	Acute dilatation of heart -	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Howard Braxton
		Address	Eleton, Md
Accident or Suicide	no		

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

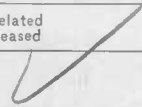
Burrell Blackstone

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near North East</i>		Town <i>Beecil</i>		County		MARYLAND	
Date of death <i>19 09</i>		Month <i>Dec.</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Philadelphia, Pa.</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Walter Blackstone</i>				Father's Birthplace <i>Kearney</i>			
Mother's Maiden Name <i>Martha Warren</i>				Mother's Birthplace <i>Kearney</i>			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>		How long <i>6 days.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Kendall</i>
		Address <i>North East, Maryland</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

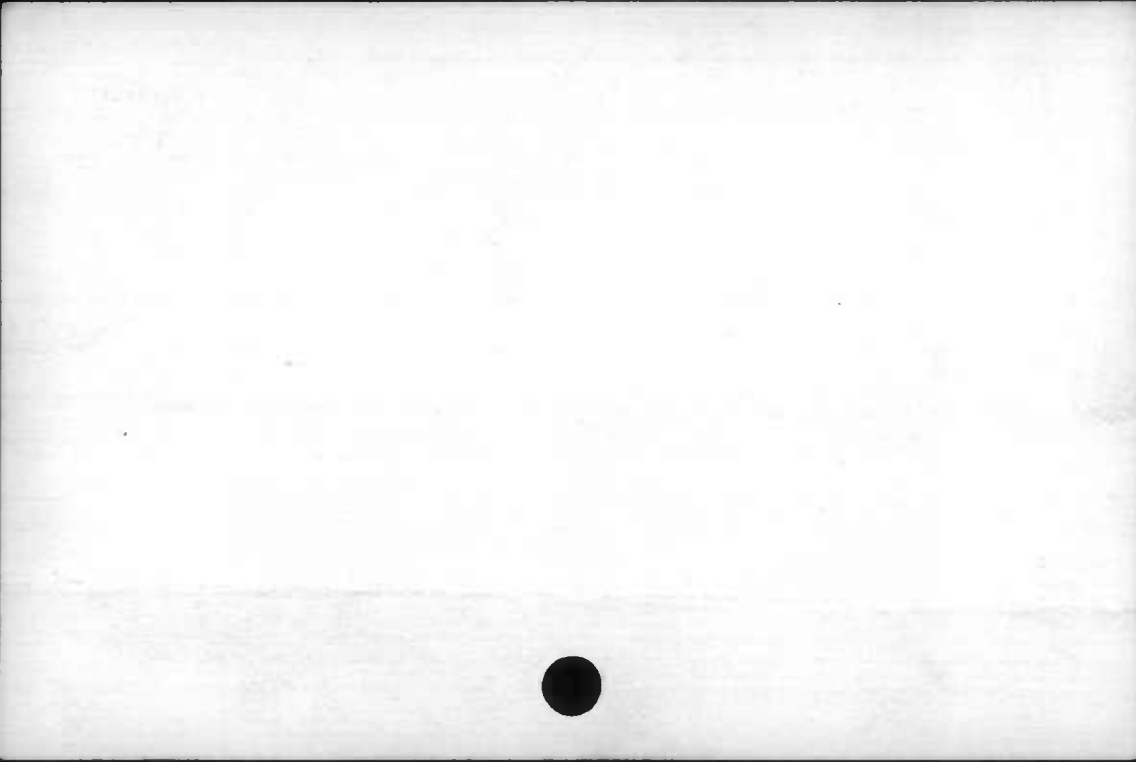
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec	4	Age	41		
Sex		Color or Race		Birth-place			
Male		White		Charleston			
Occupation				Where Residing if not at place of death			
Brick layer				Charleston			
Married, Single or Widow		Name of Wife or Husband					
Married		Ella V. Lynch					
Father's Name		Father's Birthplace					
Charles Th. Cooper		Charleston					
Mother's Maiden Name		Mother's Birthplace					
Rachel Bryson		Elk Neck					
Name of person giving Information		How related to deceased					
John B. Graham		Uncle					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

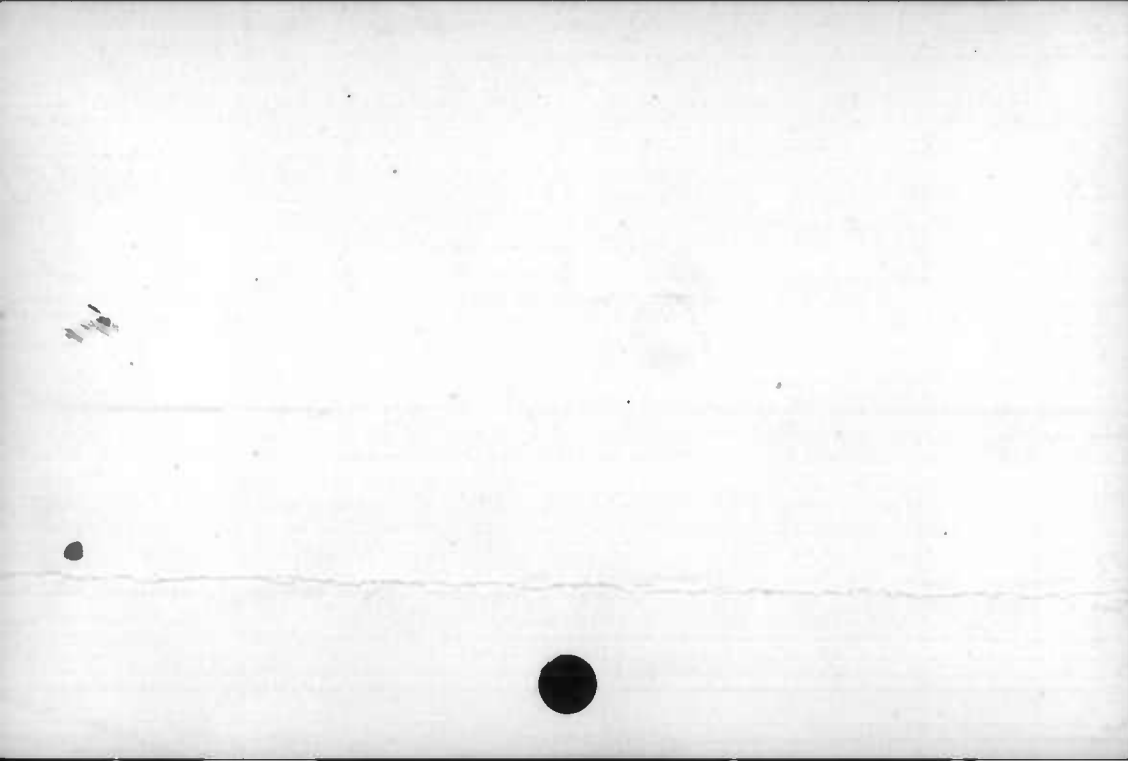
Primary	Heart disease	How long	6 Mos.
Immediate	Hemiplegia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thos A. Morrell	
		Address	
		North East Md	
Accident or Suicide			



Name in Full <b>Reuben Jones England</b>		CERTIFICATE OF DEATH	
Town <b>near Calvert</b>		County <b>Cecil</b>	
State <b>MARYLAND</b>			
Date of death <b>1909</b>	Month <b>Dec.</b>	Day <b>26</b>	Age <b>59</b>
Sex <b>Male</b>		Color or Race <b>White</b>	Birthplace <b>near Calvert Md.</b>
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>near Calvert Md.</b>	
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Maggie E. England</b>		
Father's Name <b>Elisha H. England</b>	Father's Birthplace <b>Cecil Co. Md.</b>		
Mother's Maiden Name <b>Annie E. Jones</b>	Mother's Birthplace <b>Cecil Co. Md.</b>		
Name of person giving information <b>Maggie E. England</b>	How related to deceased <b>Wife</b>		
CAUSES OF DEATH			
Primary <b>Nephritis</b>	How long <b>One year</b>		
Immediate <b>Cerebral Hemorrhage</b>	How long <b>ten minutes</b>		
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>L. H. Richardson</b>		
	Address <b>Rising Sun Md.</b>		
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

*Agnes S. Grant*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

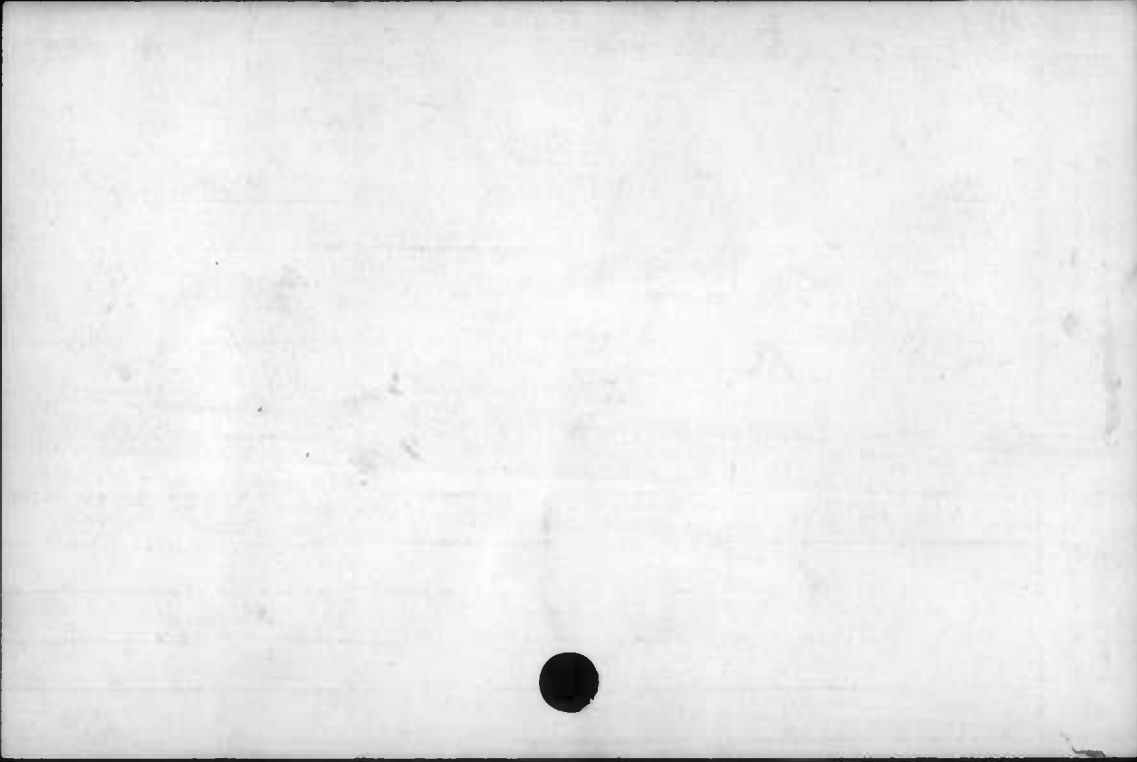
Died at <i>Rising Sun</i> <small>Town</small>		<i>Beaile</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Dec</i> <small>Month</small>	<i>24<sup>th</sup></i> <small>Day</small>	<i>67</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Chester Co Pa</i>			
Occupation <i>wife</i>	Where Residing if not at place of death				
<del>Married</del> <i>Married</i>	Name of Wife or Husband <i>Zachariah Grant</i>				
Father's Name <i>Olive Sedgwick</i>	Father's Birthplace <i>Penn</i>				
Mother's Maiden Name <i>Barber</i>	Mother's Birthplace <i>Tenn</i>				
Name of person giving information <i>Zachariah Grant</i>	How related to deceased <i>husband</i>				

CAUSES OF DEATH

(50)

PHYSICIAN  
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>Do not know</i>
Immediate <i>Diabetic Coma</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Jones</i>
	Address <i>Washington</i>
Accident or Suicide?	



Name  
in  
Full

Helen L. Griest

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

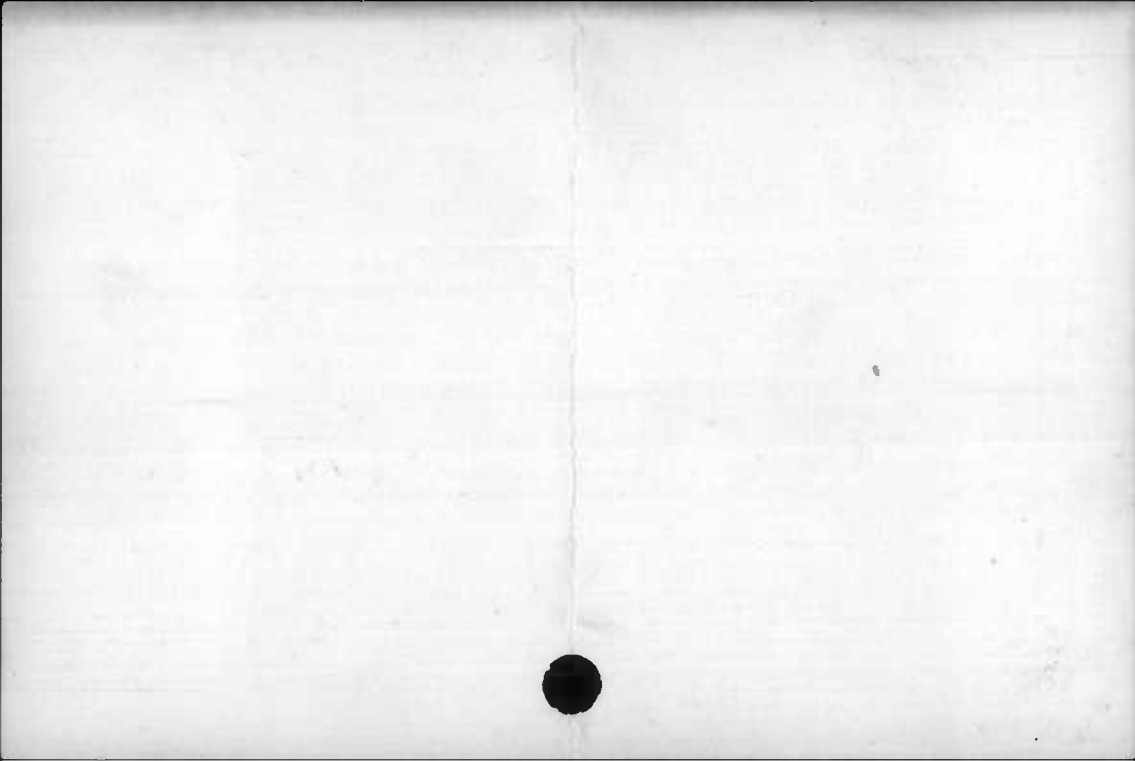
Died at <u>Pilot</u> Town		<u>Beale</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>4</u>	Age <u>5</u> Years	Months <u>9</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Penn.</u>		
Occupation <u>nr</u>		Where Residing if not at place of death <u>Pilot Md</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>nr</u>			
Father's Name <u>Harvey Griest</u>			Father's Birthplace <u>Penn.</u>		
Mother's Maiden Name <u>Hattie B. Richie</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Harvey C. Griest.</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

101

PHYSICIAN  
OR CORONER

Primary	<u>Abscess of Throat</u>	How long	<u>Two weeks</u>
Immediate	<u>Poisoning from Abscess</u>	How long	<u>4 or 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo. W. Gillespie</u>	
		Address <u>Pleasant Grove Pa.</u>	
Accident or Suicide?			



Name  
in  
Full

J Marshall Haines

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Edenton Cecil County MARYLAND

Date of death 1909 12 Month 5 Day 62 Age 62 Years Months Days

Sex Male Color or Race White Birth-place Ind

Occupation Lawyer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Haines

Father's Name Eli Haines Father's Birthplace Ind

Mother's Maiden Name Hannah Marshall Mother's Birthplace Pa

Name of person giving Information Fred Haines How related to deceased Son

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

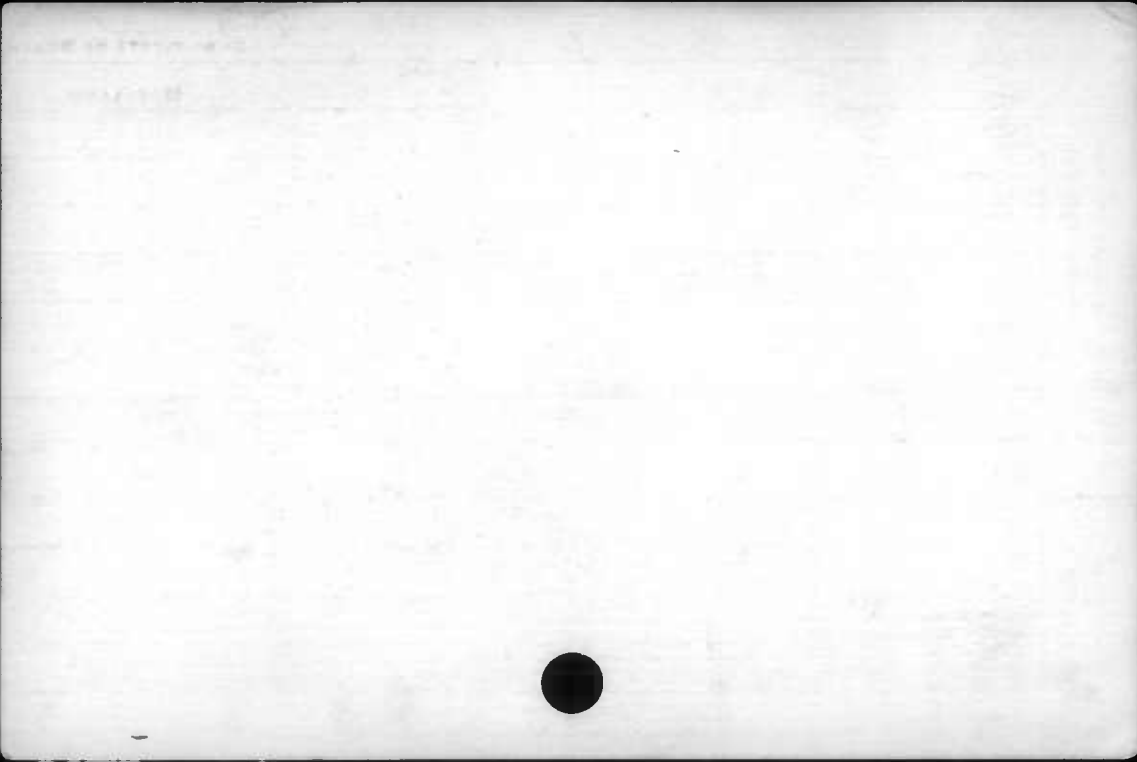
Primary Tuberculosis of Lung How long Records over 7 2 months

Immediate Dilatation of right heart How long 6 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Charles M. Allen

Edenton Md Address

Accident or Suicide



Name  
in  
Full

Ruth Jane Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Conowingo Town Cecil County

**MARYLAND**

Date of death 1909 Month 12 Day 6 Age 45 Years Months 6 Days 11

Sex Female Color or Race colored Birth-place Darlington

Occupation Domestic Where Residing if not at place of death Conowingo

Married, Single or Widowed married Name of Wife or Husband Augustus W. Hall

Father's Name Samuel Wilson Father's Birthplace Darlington

Mother's Maiden Name Prilla Buxbury Mother's Birthplace Darlington

Name of person giving Information Octavins C. Hall How related to deceased Brother in law

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis How long 1 year

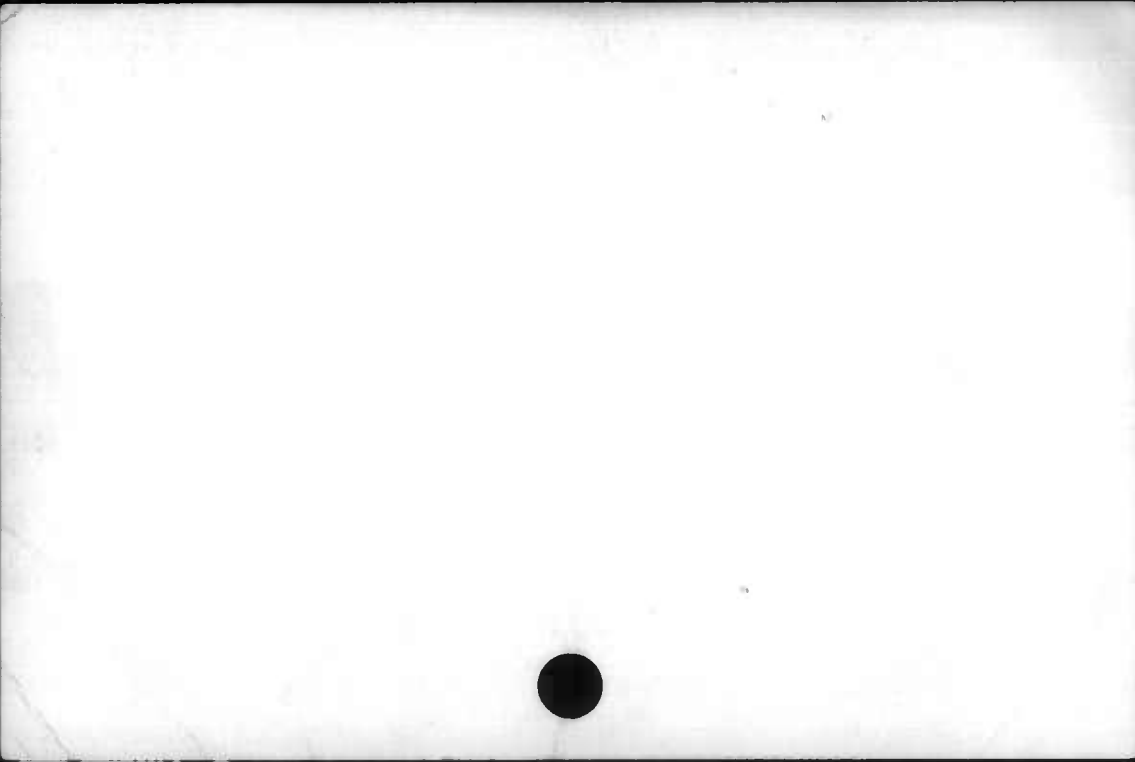
Immediate Pneumonia How long ✓

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D M Rogan

Address Conowingo Md.

Accident or Suicida





Name  
in  
Full

Elizabeth Money Hines

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Colona

<sup>County</sup> Cecil

MARYLAND

Date  
of death 1909

Month Dec

Day 11

Age <sup>Years</sup> 44 <sup>Months</sup> 00 <sup>Days</sup> 00

Sex

Female

Color or  
Race

white (Amer)

Birth-  
place

near Colona

Occupation

none

Where Residing if not  
at place of death

Colona

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Thomas E. Hines

Father's  
Birthplace

Cecil Co Md

Mother's  
Meiden Name

Mary E Parsons

Mother's  
Birthplace

Cecil Co Md

Name of person giving  
Information

Thomas E Hines

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Cyanosis Neonatorum

How long

Four hours

Immediate

Exhaustion

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Ernest Rowland

Address

Liberty Groove Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

152



Name  
in  
Full

Anna Maria Johnson cd  
Town Cecil County

CERTIFICATE OF DEATH

MARYLAND

Diad at Elexton

Date

of death 1909

Month 12

Day 14

Age

Years 61

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Wm Johnson

Father's  
Name

Alexander Byles

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Cassie Henderson

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Mamie Ham

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Acute indigestion

How long

8 hours

Immediate

Heart Disease

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

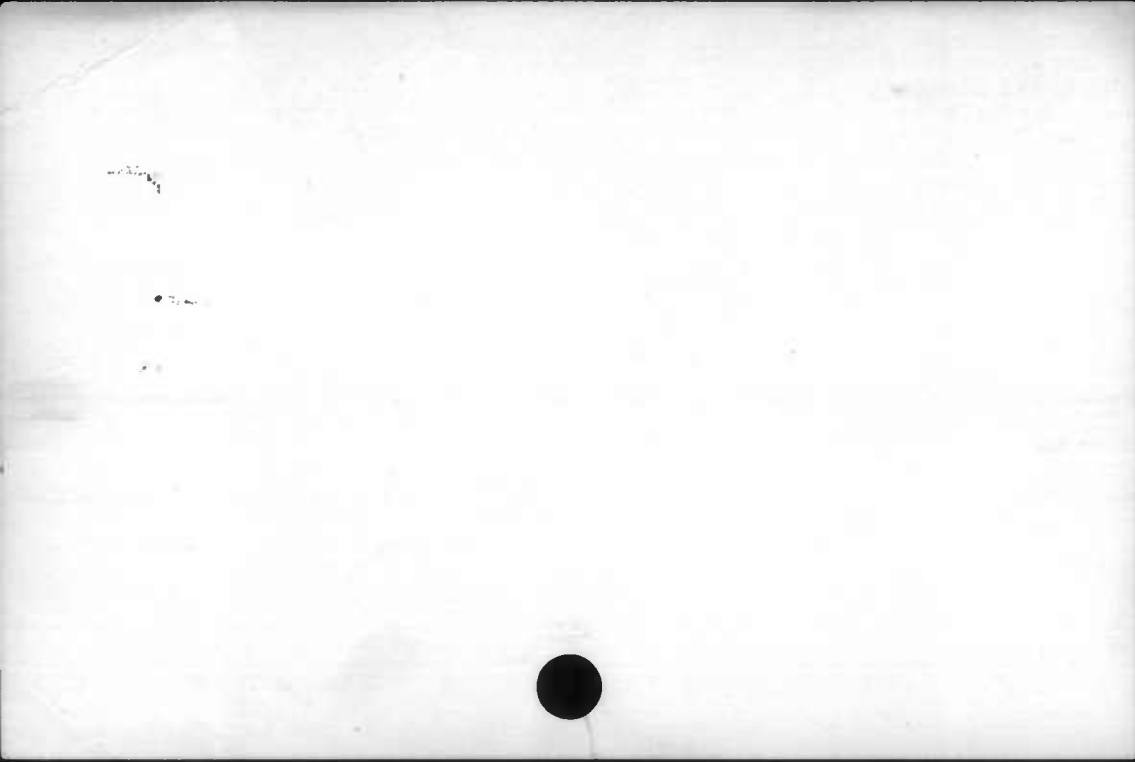
Address

Frank Frager Corwin  
Elexton Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name "India Keen"  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

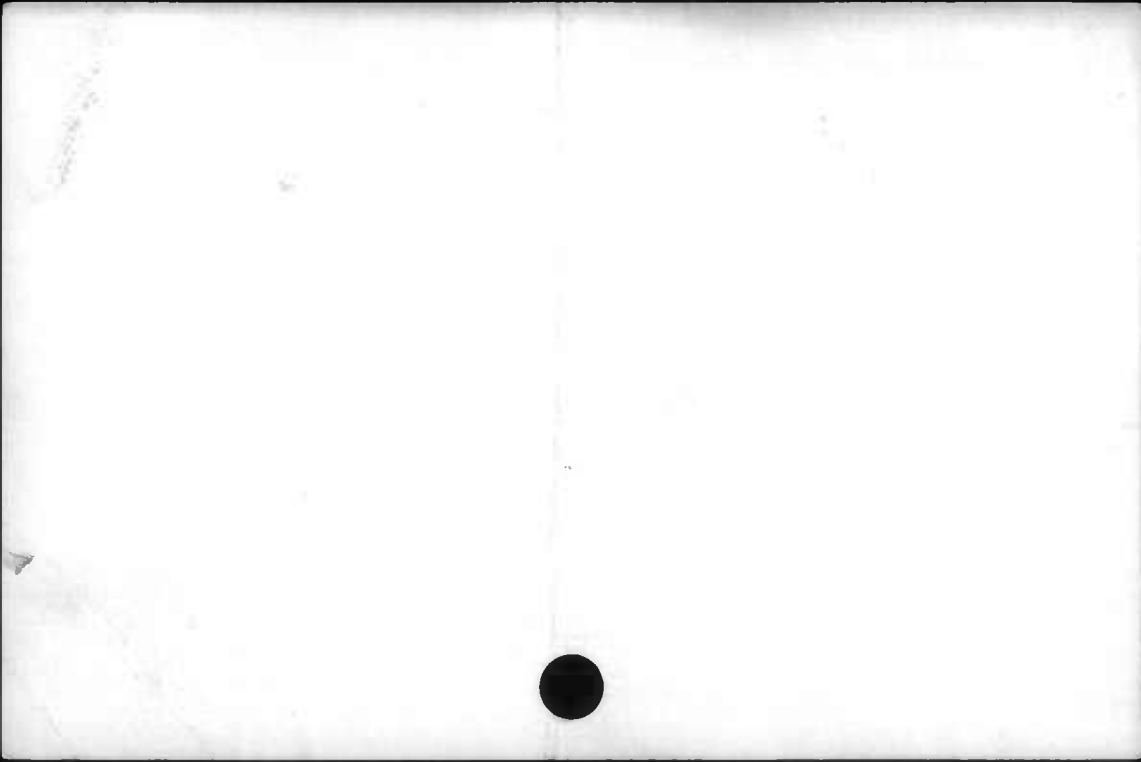
Died at		Town		County			
1909		Dec		7		Age 175	
Date of death		Month		Day		Years	
Sex		Color of Race		Birth-place		Months	
Female		White		Cathood		Days	
Occupation		Where Residing if not at place of death		House work		at home	
Married, Single or Widowed		Name of Wife or Husband		Single		None	
Father's Name		Fether's Birthplace		H. D. Keen		Lans Co Pa	
Mother's Maiden Name		Mother's Birthplace		Annie C. Brubaker		" " "	
Name of person giving Information		How related to deceased		Annie K. Fulton		Sister	

CAUSES OF DEATH

27

Primary	Phthisis Pulmonalis	How long	18 mo.
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, data and plea correctly given above?		Signature of Physician	
Yes		Ernest Cowland	
		Address	
		Liberty Grove Md	
Accident or Suicida			

PHYSICIAN  
OR CORONER



Name in Full <b>John Keilholtz</b>		CERTIFICATE OF DEATH	
Died at <b>Rising Sun</b> Town <b>Beall</b> County		MARYLAND	
Date of death <b>1909</b>	Month <b>Dec</b>	Day <b>16</b>	Age <b>89</b>
Sex <b>male</b>		Color or Race <b>white</b>	Birth-place <b>Baltimore</b>
Occupation <b>farmer</b>		Where Residing if not at place of death	
Married, Single or Widowed <b>married</b>	Name of Wife or Husband <b>Martha Emma Kirtz</b>		
Father's Name <b>John Keilholtz</b>	Father's Birthplace <b>Baltimore</b>		
Mother's Maiden Name <b>Ann Isabella Howard</b>	Mother's Birthplace <b>Baltimore</b>		
Name of person giving information <b>Carrie S. Cameron</b>	How related to deceased <b>daughter</b>		
CAUSES OF DEATH			
Primary <b>Suppression of organ</b>	How long <b>154</b>		
Immediate <b>embolism</b>	How long <b>90 years</b>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John H. Jones</b>	
		Address <b>Reynolds</b>	
Accident or Suicide?			

Name plate

64 = Elizabeth Road Clinic,

1817

1909

1 Selt plain 64 Stalls



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Elkton* Town*Cecil* CountyDate  
of death 1909Month  
*Dec*Day  
*15*Age  
*25*

Months

Days

Sex *Female*Color or  
Race *white*Birth-  
place *Elkton md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed *single*Name of Wife or  
HusbandFather's  
Name *Fred Kempa*Father's  
Birthplace *Germany*Mother's  
Maiden Name *Elizabeth Borgman*Mother's  
Birthplace *Germany*Name of person giving  
Information *Fred Kempa*How related  
to deceased *fr. m.*

## CAUSES OF DEATH

Primary

*Bright-Reseume*How long *6 or 8 months*

Immediate

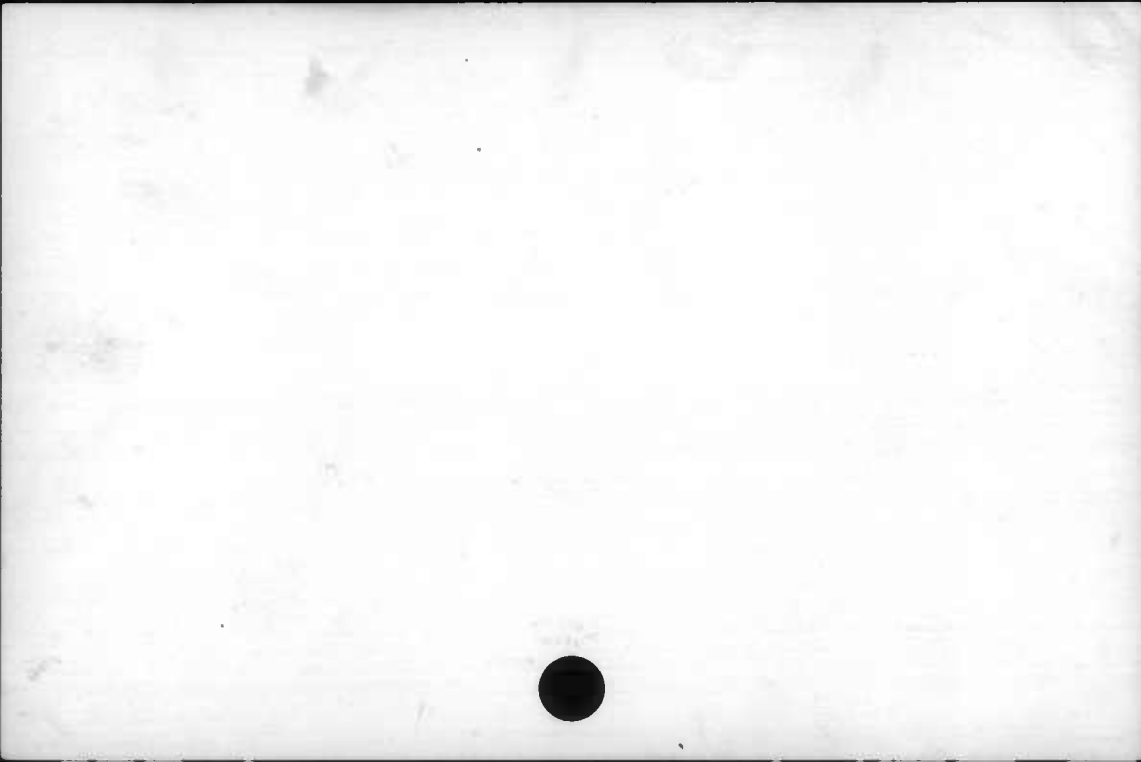
*Heart Failing*How long *2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Dr. Hawley  
Elkton  
md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

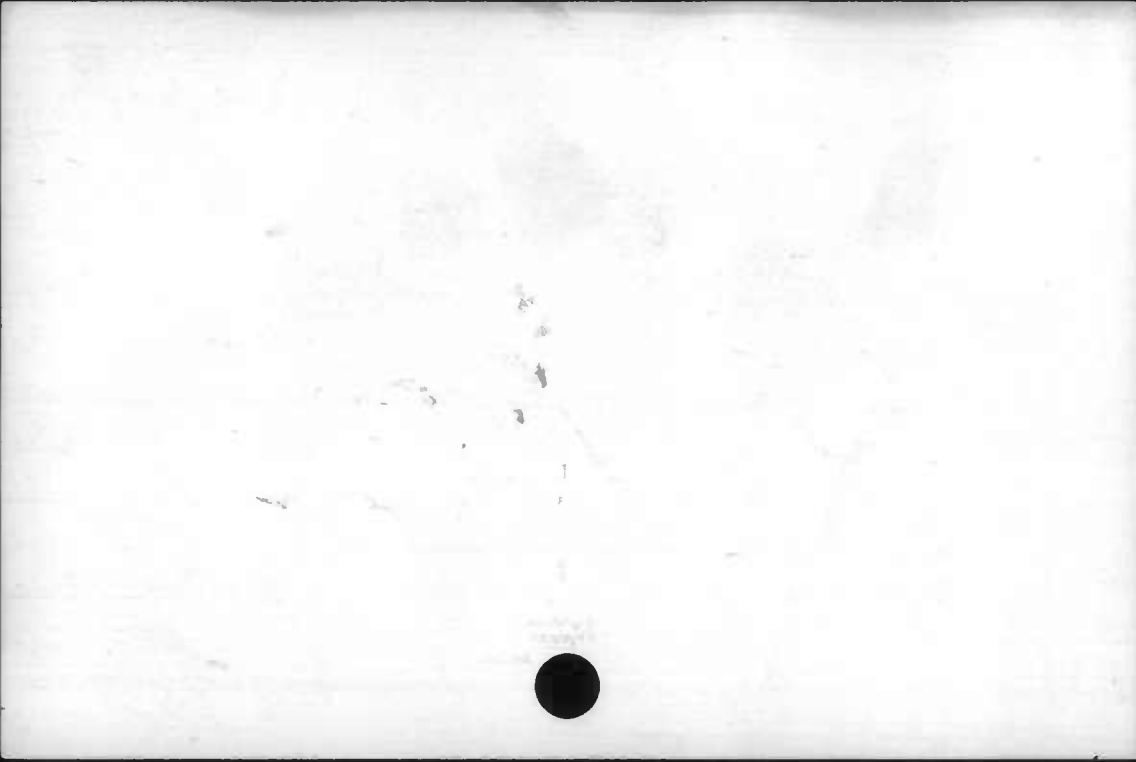
Name in Full		Edward C Kenly		Town		North East		County		Becil		MARYLAND	
Died at				Month		Day		Years		Months		Days	
Date of death		1909		Dec		10		Age		56			
Sex		Male		Color or Race		White		Birth-place		Havre de Grace			
Occupation		Carpenter		Where Residing if not at place of death									
Married, Single or Widowed		Married		Name of Wife or Husband		Corinne Kenly							
Father's Name		Daniel Kenly		Father's Birthplace		Harford Co,							
Mother's Maiden Name		Louisa Blaney		Mother's Birthplace		"							
Name of person giving Information		John B Kenly		How related to deceased		Brother							

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide		Address	
Accident		Green Bager Coroner	



Name  
in  
Full

Ella S. Kessler

CERTIFICATE OF DEATH

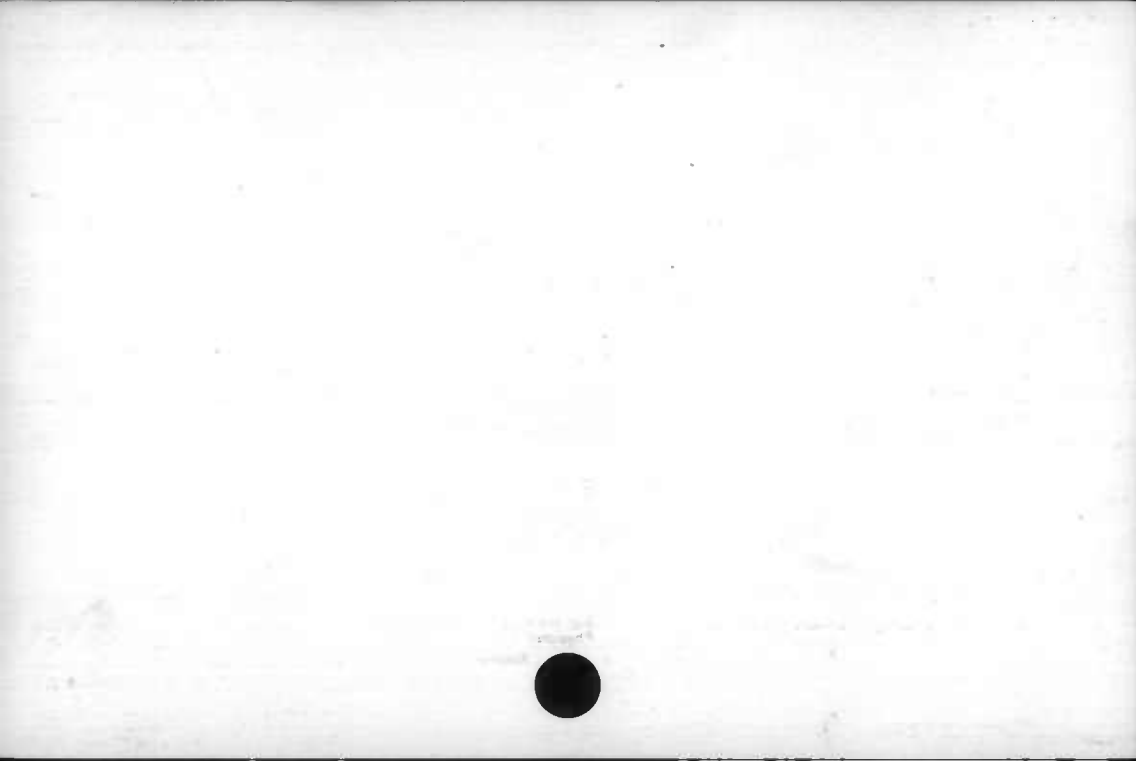
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec	17	29			3
Sex		Color or Race		Birthplace			
Female		white		beail Co. Md			
Occupation		Where Residing if not at place of death					
wife		Principes					
Married, Single or Widowed		Name of Wife or Husband					
Married		Geo A Kessler					
Father's Name		Father's Birthplace					
Wm Lambert		beail Co					
Mother's Maiden Name		Mother's Birthplace					
Mary A Brinson		beail Co					
Name of person giving Information		How related to deceased					
Mary A Lambert		Mother					

CAUSES OF DEATH

Primary	Puerperal Septicemia	How long	137 1/4 days
Immediate	Exhaustion	How long	Geo Home
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. S. D. Dora	
		Address	
		Pidingham MA	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name

In  
Full

Carlton Kimble,

CERTIFICATE OF DEATH

Town

County

Died at

Rising Sun

Cecil

MARYLAND

Date

Month

Day

Years

Months

Days

of death

190 9

Dec,

9 th

Age

69

4

5

Sex

male

Color or  
Race

white

Birth-  
place

Penna,

Occupation

Farmer

Where Residing if not  
at place of death

Rising Sun,

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Jane Reynolds

Father's  
Name

John Kimble

Father's  
Birthplace

Penna,

Mother's  
Maiden Name

Rachel Reynolds

Mother's  
Birthplace

Penna.

Name of person giving  
Information

Carrie Martendell

How related  
to deceased

Daughter

## CAUSES OF DEATH

81

Primary

Arteria Acloris

How long

Immediate

Immediate

Occlusion Mesenteric Arteries

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

John H. James  
Rising Sun

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joseph C Kline*

Died at *near Eekton* Town *Cecil* County

State *MARYLAND*

Date of death *1909* Month *Dec* Day *17* Age *71* Years Months Days

Sex *male* Color or Race *white* Birth-place *Pa*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *-Emma Kline*

Father's Name *Christopher Kline* Father's Birthplace *Pa*

Mother's Maiden Name *Katharine Kline* Mother's Birthplace *Pa*

Name of person giving Information *Carmie Wilkison* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Arterio Sclerosis* How long *Several years*

Immediate *Apoplexy* How long *12 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Alvin Mitchell*

Address *Alvin Med.*

Accident ☒ Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

R. W. Lynn

MARYLAND

Died at *Near Turkey Point Cecil*

Date of death 1909 Month 12 Day 3 Age 40

Months Days

Sex Male Color or Race white Birthplace Virginia

Occupation *Barber* Where Residing if not at place of death *Washington DC*

Married, Single or Widowed *Married* Name of Wife or Husband *Jeanette H Lynn*

Father's Name *W F Lynn* Father's Birthplace *Virginia*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Wm Selby* How related to deceased *Nephew*

CAUSES OF DEATH

172  
How long

Primary

Immediate

How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J Frank Fryer Coroner*  
Address *Eastview Md*

Accident or ~~cause~~ *Accident*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



PHYSICIAN  
OR CORONER

Robert E. McGulough

### CERTIFICATE OF DEATH

Died at

Town

North East

County

County  
Cecil

## MARYLAND

Date \_\_\_\_\_

Month

Dev

Years

Months

Days

of death 190 9 Dec

14

### Age

72

3

10

Sex

Color or Race

Birth-  
place

### Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving information

How related  
to deceased

### CAUSES OF DEATH

## Primary

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

~~REDACTED~~

Ebenzer

Name in Full Jane McGlory Town

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Elkhorn

County  
Cash

## MARYLAND

<b>Date</b> of death <u>1909</u>	<b>Month</b> <u>Dec</u>
-------------------------------------	----------------------------

Dey

Age <sup>Years</sup> 68

Months

Days

Sex Female

Color or Race *white*

Birth-place *England*

### Occupation

Where Reading if not  
at place of death

Married, Single  
or Widowed *Widow*

Name of Wife or  
Huband

Father's Name Matthew Hamington

Father's Birthplace *England*

Mother's Maiden Name *Christians Feuchtle*

**Mother's Birthplace**

Name of person giving information *Olds, Mr. Kussner*

How related to deceased *Dislee*

### CAUSES OF DEATH

Primary

## Hemorrhages of Brain

How long

How long

Immediate

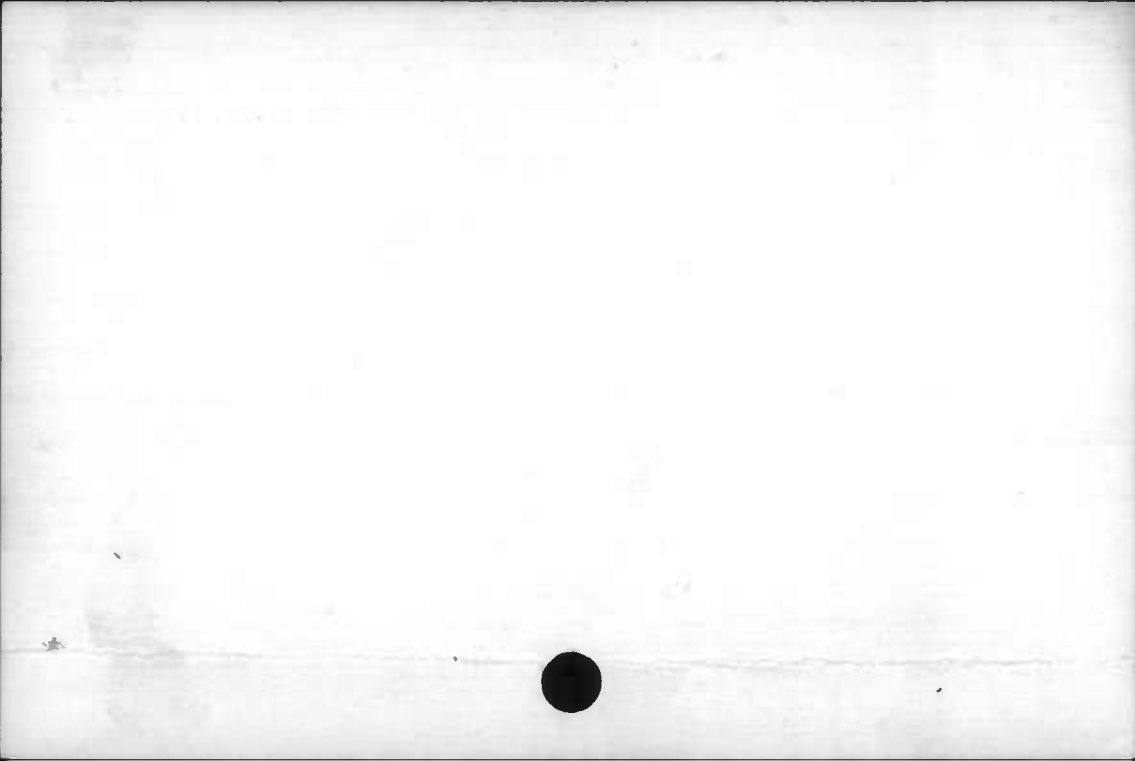
Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

### Accident or Suicide

**PHYSICIAN  
OR CORONER**





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

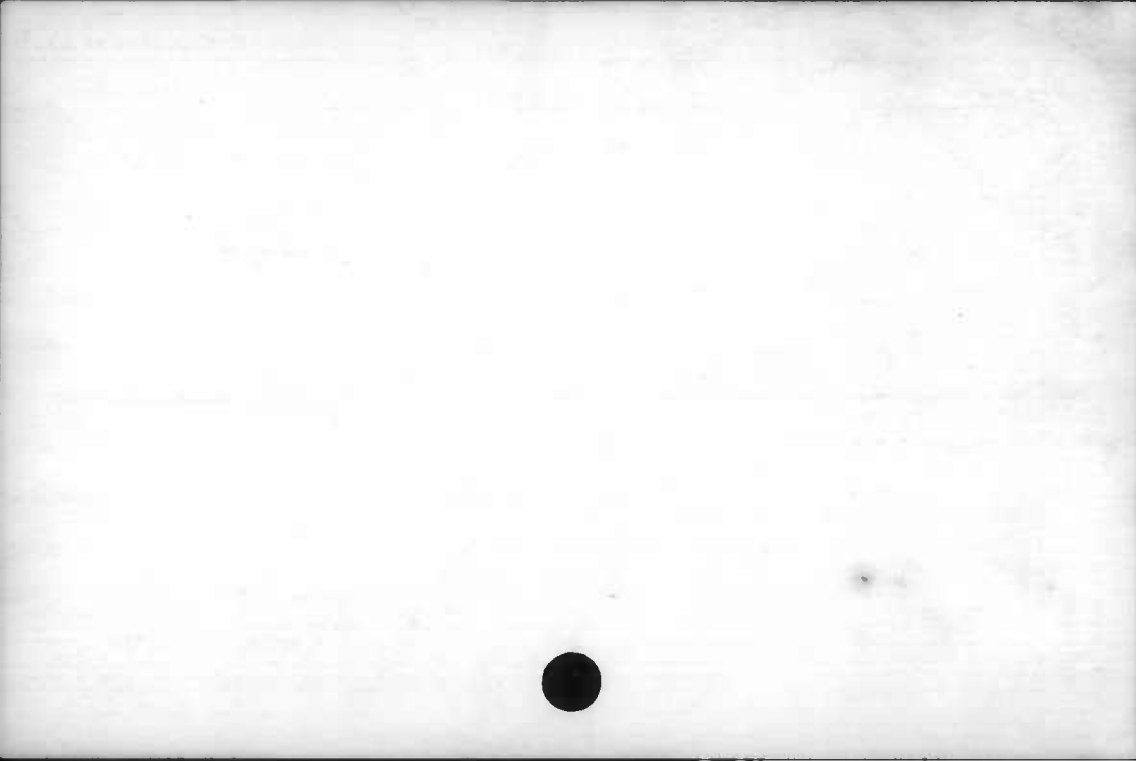
Name <i>John Meredith</i>		Town <i>Elkton</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>1</i>		Years <i>86</i>	
Date of death <i>1909</i>		Age <i>86</i>		Months <i>12</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Med</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>John Meredith</i>		Father's Birthplace <i>Med</i>					
Mother's Maiden Name <i>Mary Proffett</i>		Mother's Birthplace <i>Med</i>					
Name of person giving Information <i>Ada Meredith</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary	<i>Congestion of Lungs</i>	How long <i>36 hours</i>
Immediate	<i>Heart Failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Howard Brainerd</i>
		Address <i>Elkton Med</i>
Accident or Suicide <i>no</i>		



Name  
in  
Full

Matter antonia Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *man* <sup>Town</sup> *Ekron* <sup>County</sup> *Cecil* **MARYLAND**Date of death 190 <sup>Month</sup> *Dec* <sup>Day</sup> *3* Age <sup>Years</sup> *64* <sup>Months</sup> *-* <sup>Days</sup> *-*Sex *Female* Color or Race *white* Birthplace *Italy*Occupation *Housewife* Where Residing if not at place of death *-*Married, Single or Widowed *married* Name of Wife or Husband *Jim Mitchell*Father's Name *Raff. Depeir* Father's Birthplace *Italy*Mother's Maiden Name *Unknown* Mother's Birthplace *Italy*Name of person giving Information *Jim Mitchell* How related to deceased *Husband*

## CAUSES OF DEATH

81

Primary *Arterio Sclerosis* How long *Several years*Immediate *Heart failure* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

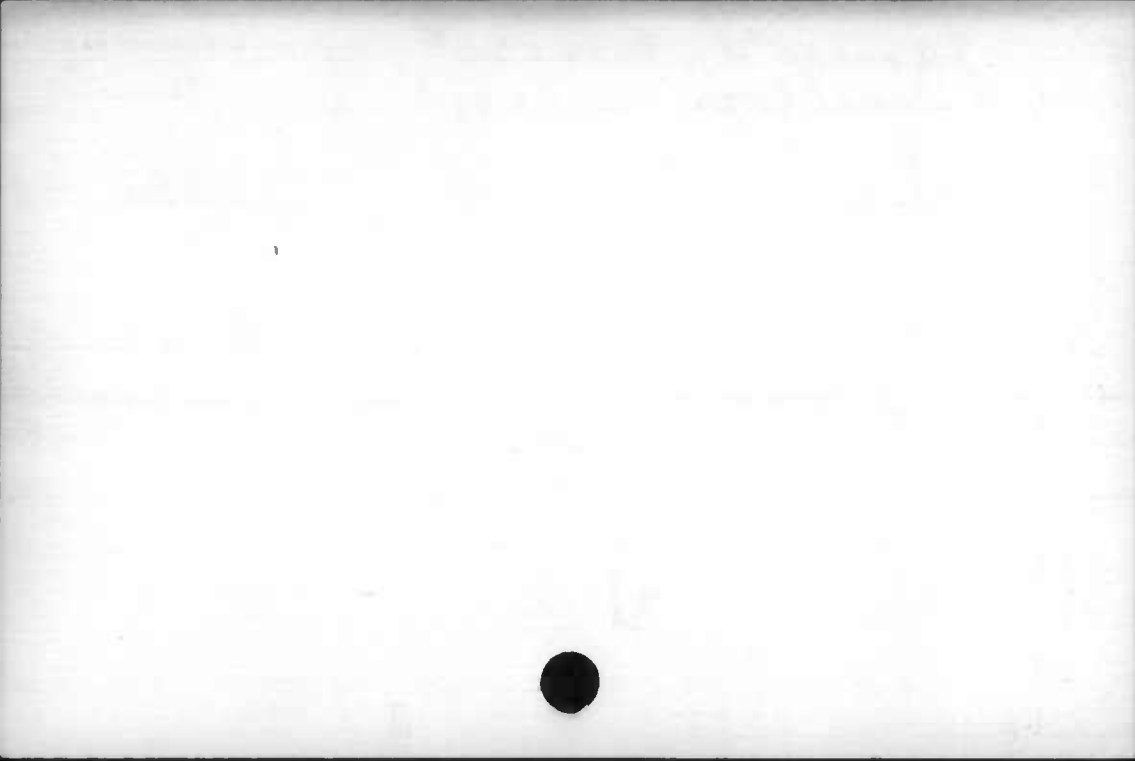
*Yes*

Signature of Physician

Address

*William Mitchell*  
*Ekron Md*Accident or Suicide *-*PHYSICIAN  
OR CORONER

6



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James L. Moore  
Cecilton

County

MARYLAND

Died at

Date

of death

1909

Month

12

Day

7

Age

Years

Months

8

Days

1

Sex

Male

Color or  
Race

Black

Birth-  
place

Cecilton, Ind

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James Moore

Father's  
Birthplace

Cecil Co. Ind

Mother's  
Maiden Name

Francis Moore

Mother's  
Birthplace

Cecil Co. Ind

Name of person giving  
Information

Francis Moore

How related  
to deceased

Mother

CAUSES OF DEATH

8

Primary

whooping cough

How long

whooping cough

Immediate

How long

4 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. M. Crawford

Cecilton Ind

Accident or Suicide



Name

in  
File

Ellwood G. Moulton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Rising Sun,</b>		<b>Cecil</b>		<b>MARYLAND</b>	
Date of death <b>1909</b>		Month <b>Dec,</b>	Day <b>8</b>	Age <b>49</b>	Months <b>5</b>
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Cecil county</b>	
Occupation <b>labourer</b>			Where Residing if not at place of death <b>Near Rising sun,</b>		
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Elizabeth Moulton</b>			
Father's Name <b>Samuel Moulton</b>			Father's Birthplace <b>Cecil Co, Md</b>		
Mother's Maiden Name <b>Elizabeth Cunningham</b>			Mother's Birthplace <b>" " "</b>		
Name of person giving Information <b>Elizabeth Moulton</b>			How related to deceased <b>wife</b>		

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

*40 hours*

Immediate

*Paralysis of nervous Respiration 4 hours*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

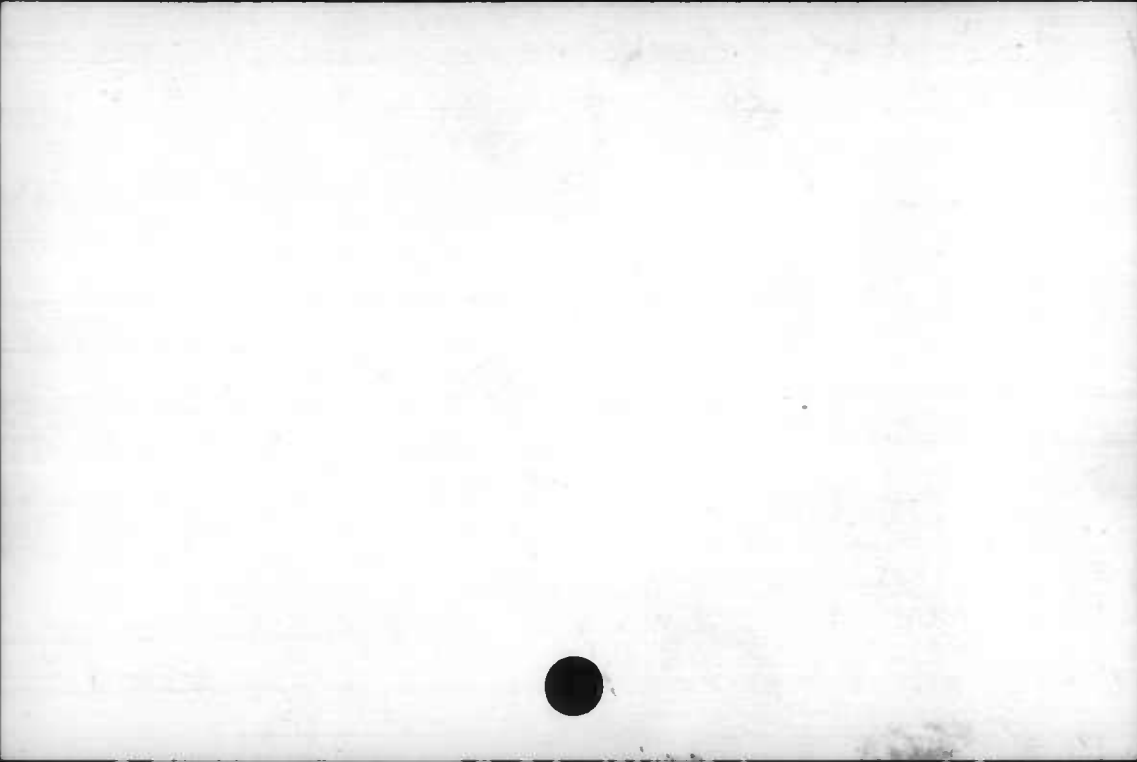
*W. S. Davis*

Address

*Rising Sun**Md*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

William Peoples

Town

County

MARYLAND

Died at Liberty Grove

Date

of death 1909

Month

Day

Years

Months

Days

Dec. 12

Age

61

2

20

Sex

Male

Color or  
Race

White

Birth-  
place

Lan. Co. Pa.

Occupation

Miller

Where Residing if not  
at place of death

Liberty Grove

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Hannah Peoples

Father's  
Name

William Peoples

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Maria Reynolds

Mother's  
Birthplace

Lan. Co. Pa.

Name of person giving  
Information

J. A. Peoples.

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

Several years

Immediate

Pneumonia

How long

9 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. A. Peoples M.D.  
Peters Creek Pa.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

*George Burton Ragan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Conowingo* Town *Cecil* County  
Date of death *1909* Month *12<sup>th</sup>* Day *5<sup>th</sup>* Age *7* Years *5* Months *7* Days  
Sex *Female* Color or Race *White* Birth-place *Conowingo*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Stephen Charles Ragan* Father's Birthplace *Rising sun*  
Mother's Maiden Name *Mabel Alexander* Mother's Birthplace *Roundville*  
Name of person giving Information *J M Ragan* How related to deceased *Uncle*

CAUSES OF DEATH

**105**

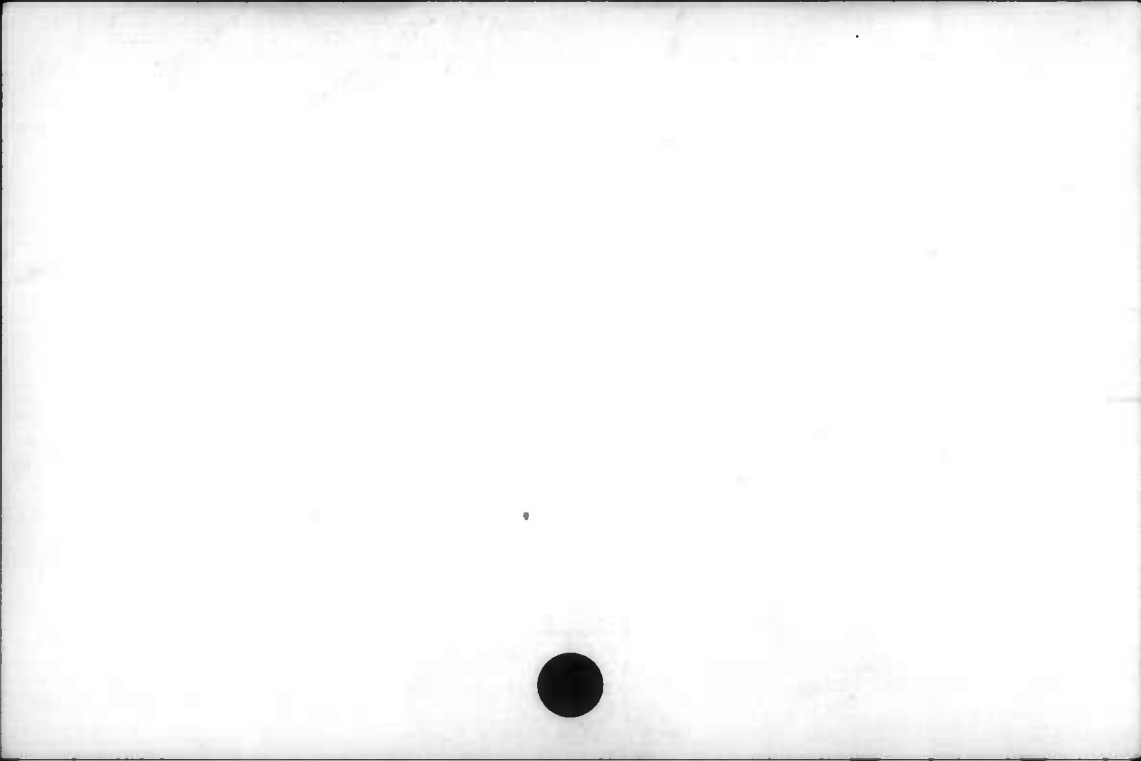
Primary *Cholera Infantum* How long *3 days*  
Immediate *Heart Failure* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J M Ragan*  
Address *Conowingo Md*

Accident or Suicida

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Georgina A. Rees*  
*Chesapeake City* *Freel*  
Town CountyDate of death 190 *9* *December* *19* Age *68* *one* *—*  
Month Day Years Months DaysSex *Female* Color or Race *White* Birth-place *Kent Co. Md.*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Thomas A. Rees*Father's Name *Samuel Griffin* Father's Birthplace *Md.*Mother's Maiden Name *Elizabeth Wilds* Mother's Birthplace *Md.*Name of person giving Information *Thos. A. Rees* How related to deceased *Husband*

43

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary *extending somewhat to left heart & well down on to abdomen on right side*  
*Spindle Cell Sarcoma of right heart* How long *8 months*Immediate *General Anemia* How long *6 months*Are the name, age, sex, color, date and place correctly given above? *Yrs*Signature of Physician *Phyllis O. Lang M.D.*Address *Chesapeake City*  
*Md.*

Accident or Suicide



### Certificate of Death

Near Town County Cecil  
 Died at Residence Maryland

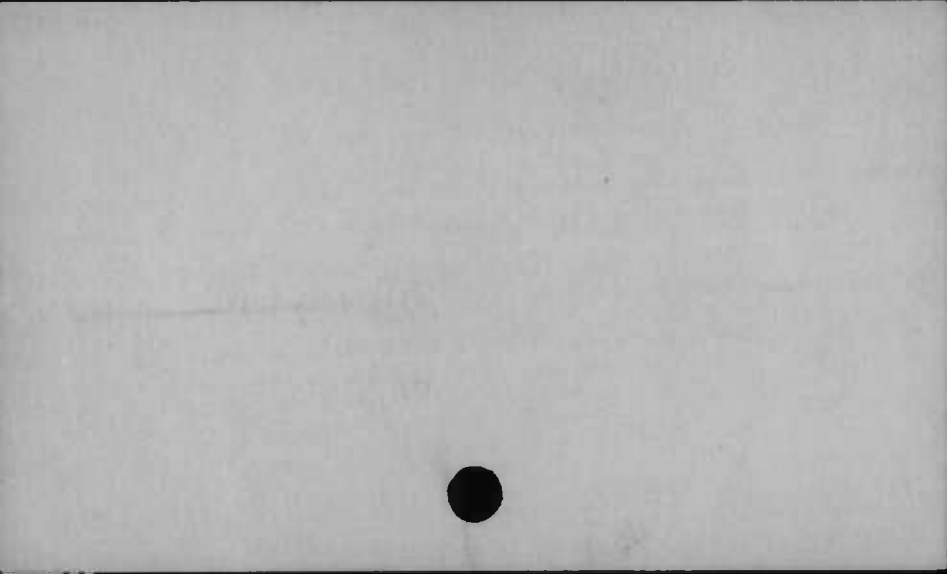
Husband of John T. Shinn  
 Wife of William Reed  
 Father's Name  
 Mother's Name

93

over.

Reported by *E. H. H. H. H.*  
Address *No. 100*

LIBRARY BUREAU: 65968





Name  
in  
Full

Maurice Jackson Sprout  
Town Pilot City County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 Dec

Month

Day

19

Age

Years

68

Months

9

Days

1

Sex

male

Color or  
Race

white

Birth-  
place

Lancaster Co Pa.

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Emma Jane Sprout

Father's  
Name

John Sprout

Father's  
Birthplace

unknown

Mother's  
Maiden Name

Standsberry

Mother's  
Birthplace

"

Name of person giving  
Information

Fred Sprout

How related  
to deceased

Son

CAUSES OF DEATH

10

Primary

Grip Bronchitis

How long

About 4 weeks

Immediate

Heart Failure & general debility

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Geo. Gillespie M.D.

Address

Pleasant Grove Pa

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

0170110

Name  
in  
Full

Sara Ann Taylor

## CERTIFICATE OF DEATH

Died at *Chesapeake City* Town *Cecil* County *MARYLAND*  
 Date of death 1909 Month *12* Day *29* Age *88* Years Months *6* Days *11*

Sex *Female* Color or Race *White* Birth-place *Belair*  
 Occupation *None* Where Raaiding if not at place of death *Chesapeake City*

Married, Single or Widowed *Single* Name of Wife or Husband *Charles Taylor (deceased)*

Father's Name *Jessie Hughes* Father's Birthplace *don't know*

Mother's Maiden Name *Mrs Hughes* Mother's Birthplace *don't know*

Name of person giving Information *Mrs Joseph Hughes* How related to deceased *Sister-in-law*

## CAUSES OF DEATH

Primary *Arterio Sclerosis* How long *3 years* *See back*  
 Immediate *Clostridial Nephritis* How long *Seven month*

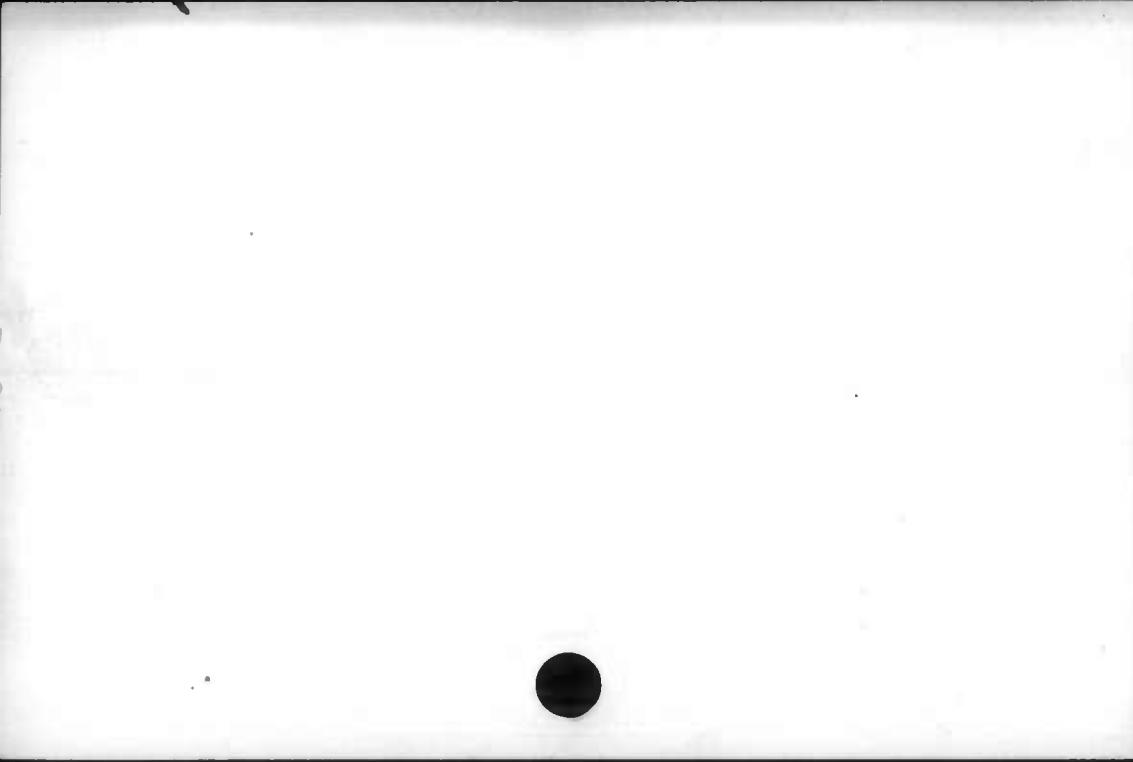
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W B Harsner M D*

Address *Chesapeake City Md*

Accident or Suicide *x*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Hannah E. Yurner  
Cecil County

CERTIFICATE OF DEATH

MARYLAND

Died at Carlton

Date

of death

1909

Month

12

Day

6

Age

75

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Cecil Co. Ind

Occupation

House Wife

Where Residing if not  
at place of death

Carlton

Married, Single  
or Widowed

Name of Wife or  
Husband

Henry Yurner

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Meiden Name

Susaw A. Price

Mother's  
Birthplace

Cecil Co. Ind

Name of person giving  
Information

Mrs Samuel Watte

How related  
to deceased

Daughter

CAUSES OF DEATH

94

Primary

General debility

How long

Two weeks

Immediate

Pleuritis

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

E. H. Crawford

Address

Carlton

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen M Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Grou* Town *Cecil* County **MARYLAND**

Date of death *1909* Month *Dec* Day *3* Age *76* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Ind*

Occupation *Invalid for 2 years* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Henny Warner*

Father's Name *Thos Caldwell* Father's Birthplace *South Ham*

Mother's Maiden Name *Elizabeth Woodrow* Mother's Birthplace *" "*

Name of person giving Information *Mrs Dexter Lee* How related to deceased *Daughter*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *10 yrs*

Immediate *Chronic heart disease* How long *9 yrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. H. H. H.*

Address *Grove*

Accident or Suicide

Dr Giffard

—



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George Watson*

Died at *Near Chailton* *Cecil* County

MARYLAND

Date of death 190 *9* Month *12* Day *7* Age *73* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Virginia*

Occupation *Labour* Where Residing if not at place of death

Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Adalino Watson*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Adalino Watson* How related to deceased *Wife*

CAUSES OF DEATH

*63*

Primary *Bulbar Paralysis* How long *5 Years*

Immediate *Starvation* How long *1 Week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. H. Bradford*  
*W. H. H. H.*  
*W. H.*

Accident or Suicide

PHYSICIAN  
OR CORNER



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Westfall*  
Town *Perryville* County *Cecil*

Died at *Perryville*

Date of death 1909 Month *12* Day *30* Age *About 71* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Laborer* Where Residing if not at place of death *Syracuse N.Y.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Unknown*

Name of person giving Information *Wm Bach Jr*

How related to deceased *No*

CAUSES OF DEATH

*166*

PHYSICIAN  
OR CORNER

Primary *Struck in head by door on refrigerator car*

How long

Immediate *Concussion of Brain*

How long *45 Minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank Frager* Address *Carver*  
*Easton Md*

Accident or Suicide *Accident*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah Agnes Woodrow*  
Died at *Rowlandsville* Town *Cecil* County  
Date of death *1909* Month *Dec* Day *28* Age *=* Years *=* Months *=* Days *(23)*  
Sex *female* Color or Race *White* Birthplace *Rowlandsville*  
Occupation *None* Where Residing if not at place of death *Rowlandsville Md*  
Married, Single or Widowed *Single* Name of Wife or Husband *Thomas C Woodrow*  
Father's Name *Thomas C Woodrow* Father's Birthplace *Liberty Grove*  
Mother's Maiden Name *Florence M Patton* Mother's Birthplace *Wrightsville Pa*  
Name of person giving Information *Thomas C Woodrow* How related to deceased *father*

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

*Physiological* Primary  
*Exhaustion* of the Newly born (23 days)  
Immediate *one week*  
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

*Ernest Rowland*  
*Liberty Grove*  
*Md*~~Accident or Suicide~~

